

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 140County Registrar No. 172

Local Registrar No. \_\_\_\_\_

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Ernest Starling Hancock

3. Sex of Child

maleTo be answered ONLY  
in event of plural  
births.4. Twin, triplet or other. no6. Legitimate? yes

7. Date

of birth Aug. 8, 1927  
Month day year

5. No., in order of birth. \_\_\_\_\_

## FATHER

Full name

Levi Joseph Hancock

9. Residence

(Usual place of abode)

If nonresident, give place and state

Globe, Arizona

10. Color or race

white11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Taylor, Arizona

13. Occupation

Nature of industry

Motorman in mine

## MOTHER

Full maiden name

Arvilla M. Neil

15. Residence

(Usual place of abode)

If nonresident, give place and state

Globe, Arizona

16. Color or race

white17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

Number of children of this mother

(a) Born alive and now living two(b) Born alive but now dead none(c) Stillborn noneTaken as of time of birth of child herein  
certified and including this child.21. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born aliveat 12:15 p.m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child  
is one that neither breathes nor shows other  
evidences of life after birth.on name added from  
supplemental report

Month, day, year.

Signature

Address

T.C. Harper M.D.

(Physician or midwife)

Globe, Arizona

Filed

8-311927

Local Registrar.

Filed

19

County Registrar.

Registrar.

582-808-113